MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-033230
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2339

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24000 2
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 20 1962

1. a. COUNTY St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton

Length of stay in 1b: 1 day

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Affton

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8506 Mathilda

Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Charles Middle: Last: Miller

4. DATE OF DEATH Month: 8 Day: 11 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-18-85

9. AGE (last birthday): 76

IF UNDER 1 YEAR Months: Days: IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Catawissa, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: August A. Miller

13b. MOTHER'S MAIDEN NAME: Sarah Farly

14. NAME OF HUSBAND OR WIFE: Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi

16. SOCIAL SECURITY NO. 4

17. INFORMANT: Francis Miller Address: 8506 Mathilda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ASHD & CHF

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized Coronary AS

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arterial insufficiency (R) Lower Extremity

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-10-1962 to 8-11-1962 and last saw her/him alive on 8-11-1962

Death occurred at 8:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. A. Braly M.D.

22b. ADDRESS 601 S. Brentwood Clayton, mo.

22c. DATE SIGNED 8-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-14-62

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) (State) St Louis, MO

24. FUNERAL DIRECTOR ADDRESS John L Bregenheim 7027 Gravois

25. DATE RECD. BY LOCAL REG. 8-12-62

26. REGISTRAR'S SIGNATURE John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald Benz

Licensed Embalmer No. 4863

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.